

# \* ETHERNET URBAN RATES

Contract Id: 4870831

WK# - Interstate-InterLATA - TBD	For AT&T Administrative Use Only Pricing Schedule No. _____ Original Effective Date: _____
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## AT&T Switched Ethernet Service<sup>SM</sup> (with Network On Demand) Pricing Schedule Provided Pursuant to Custom Terms

### 5. RATES and CHARGES

#### 5.1 AT&T SWITCHED ETHERNET SERVICE

##### 5.1.1 Monthly Recurring Charges (MRC)

All Monthly Recurring Charge (MRC) rates are per port. The total MRC for a port is the sum of the Port Connection MRC, the Bandwidth MRC, and any associated Feature MRC(s).

##### Port Connection MRC

\* Cost of Circuit

Customer Port Connection Speed	MRC
100 Mbps	\$214.5
1 Gbps	\$214.5

##### Bandwidth MRC

If Customer changes the CIR and/or CoS configuration during the billing cycle, the Bandwidth MRC will be prorated based on the time interval for each configuration.

Bandwidth MRC (100 Mbps and 1 Gbps Basic Port Connections)					
Committed Information Rate (CIR)	Class of Service (CoS)				
	Non Critical High	Business Critical Medium	Business Critical High	Interactive	Real Time
2 Mbps	\$91.09	\$94.23	\$113.08	\$133.49	\$144.49
4 Mbps	\$107.34	\$110.50	\$129.44	\$146.80	\$157.85
5 Mbps	\$136.61	\$142.97	\$158.85	\$174.74	\$187.44
8 Mbps	\$180.88	\$187.50	\$202.84	\$216.47	\$231.81
10 Mbps	\$210.80	\$221.00	\$255.00	\$289.00	\$309.40
20 Mbps	\$276.32	\$289.17	\$321.30	\$353.43	\$379.13
50 Mbps	\$323.40	\$338.25	\$371.25	\$404.25	\$435.60
100 Mbps	\$380.53	\$400.56	\$433.94	\$467.32	\$500.70
150 Mbps	\$530.94	\$557.29	\$582.82	\$607.95	\$652.53
250 Mbps	\$604.95	\$635.20	\$716.86	\$796.62	\$855.00
400 Mbps	\$665.91	\$699.50	\$778.54	\$857.58	\$920.82
500 Mbps	\$707.17	\$742.33	\$820.47	\$898.61	\$965.03
600 Mbps	\$809.63	\$849.73	\$939.47	\$1002.49	\$1073.14
1000 Mbps	\$918.26	\$965.11	\$1040.07	\$1115.03	\$1195.61

5M 214.50 10M 214.50 20M 214.50 50M 214.50 100M 214.50  
 158.85 255.00 321.30 371.25 433.94  
 Feature MRC \$ 373.35 \$ 464.50 \$ 535.00 \$ 582.82 \$ 607.95 \$ 648.44

Feature	MRC
Enhanced Multicast	\$70

##### 5.1.2 Non Recurring Charges (NRC)

Standard Non Recurring Charges for installation of new Customer Port Connections, per the applicable Service Publication, will be waived.

pcs_processed_cs_approved	AT&T and Customer Confidential Information Page 4 of 5	ASE_NoD_ps_ILEC_eloc_customer v.09-17-15.1
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## **EXHIBIT 2**

# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name Cumberland Medical Center	2 HCP Number 17717
3 Form 465 Application # 43157186	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Cumberland Medical Center	6 Billed Entity FCC RN 0001769470
7 Contact Name Joe Lowe	
8 Address Line 1 421 S Main St	
9 Address Line 2	
10 City Crossville	11 State TN 12 Zip 38555
13 Contact Phone # 931-459-7104	14 Fax # 931-707-5178 15 Email jlowe@cmchealthcare.org

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required)	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 305
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Charter/Spectrum			
22 Service Provider Identification Number (SPIN)	143027344			
23 Service Provider Contact Person Name	Customer Service			
24 Service Provider Contact Person's Phone #	866-603-3199			
25 Service Provider Contact Person Email	customerservice@spectrumbusiness.net			
26 Circuit Start Location	421 S Main St, Crossville, TN 38555			
27 Circuit Termination Location	Central Office, Crossville, TN 38555			
28 Billing Account Number	8836 10 077 0114938			
29 Tariff, Contract or other document reference number	874365			
30 Date Contract Signed or Date HCP Selected Carrier	02-24-2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	02-23-2019			
32 Service Installation Date	01-14-2008			
33 Actual Rural Rate per Month (Enclose Documentation)	1975.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

**Block 5: Mileage-based Charge Discount Request**

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

**Block 6: Comprehensive Rate Comparison Request**

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	1,254.57			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

**Block 7: Bid Documentation**

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No  
If you checked yes, copies of the bids MUST be submitted to RHCD.

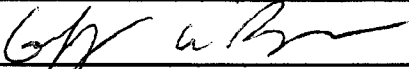
**Block 8: Certification**

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/28/17
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, INC.	55 Employer's FCC RN 0018694075

**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
  - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

Cumberland Medical Center  
421 S Main St  
Crossville, TN 38555

This circuit has EVG status through 02/23/2019

**HCP 17717**  
**RHC# 874365**

**Charter/Spectrum 143027344**

**Acct # 8336 10 077 0114938**

**TOTAL Rural Rate \$1975.00**  
**1 GIG Ethernet**

**GBPS Optical Ethernet Intra 1975.00**

**Urban Rate: 36 month AT&T switched Ethernet contract**

**\$1254.57(\$214.50+\$1040.07)**

# Spectrum BUSINESS

December 3, 2016

Account: 8336 10 680 0000120  
Phone Number: (865) 374-4603  
Security Code: 6828  
Service At: 136 ALCORN ST APT B  
CONTROL ACCOUNT  
COOKEVILLE TN 38506-5209

## SPECTRUM BUSINESS NEWS

### Contact Us

Questions about your bill or services?

Visit [spectrumbusiness.net](http://spectrumbusiness.net) or call 1.800.314.7195

### Summary

*Details on following pages*

Previous Balance	-3,596.41
Payments Received	0.00
<b>Remaining Balance</b>	<b>-3,596.41</b>
Spectrum Business™ Services	5,396.76
<b>Total Due By 12/23/16</b>	<b>\$1,800.35</b>

**Thank you for choosing Spectrum Business.**

We appreciate your prompt payment and value you as a customer.

# Spectrum BUSINESS

8413 EXCELSIOR DR 120 MADISON WI 53717-1970  
8622 3240 NO RP 03 12042016 NNNNNYNN 01 000070 0001

ATTN VOICE ADMIN MICHELLE GANN  
COVENANT HEALTH  
STE 400  
1410 CENTERPOINT BLVD  
KNOXVILLE TN 37932-1985



December 3, 2016

### Covenant Health

Account: 8336 10 680 0000120  
Phone Number: (865) 374-4603  
Service At: 136 ALCORN ST APT B  
CONTROL ACCOUNT  
COOKEVILLE TN 38506-5209

<b>Total Due By 12/23/16</b>	<b>\$1,800.35</b>
Amount you are enclosing	\$

CHARTER COMMUNICATIONS  
PO BOX 742613  
CINCINNATI OH 45274-2613



833610680000012001800358

December 3, 2016

Account: Covenant Health  
 Hierarchy ID: 8336 10 680 0000120  
 Security Code: COHE4603  
**6828**

# Spectrum BUSINESS

Contact Us  
 Questions about your bill or services?  
 Visit [spectrumbusiness.net](http://spectrumbusiness.net) or call **1.800.314.7195**

8622 3240 NO RP 03 12042016 NNNNNYNN 01 000070 0001

## Charge Details

Previous Balance	- \$3,596.41
Remaining Balance	- \$3,596.41

## COHEROOT

COVENANT HEALTH  
 136 ALCORN ST APT B  
 COOKEVILLE, TN 38506-5209  
 Account Number: 8336100660013422  
 Security Code: 8246

## Monthly Charges

Date	Description	Quantity	Amount
Nov 22 - Dec 21	Internet-5m/512k	1	0.00
Nov 22 - Dec 21	2m/2m Ethernet Intra	1	69.00
Nov 22 - Dec 21	Internet Base Tier	1	0.00
Monthly Charges Subtotal			\$69.00

## Taxes And Fees

Description	Amount
State PUC Fee	0.23
Taxes and Fees Subtotal	\$0.23

Total For Account 8336100660013422 \$69.23

COVENANT HEALTH - LANTANA RD  
 100 LANTANA RD STE 202  
 CROSSVILLE, TN 38555-1903  
 Account Number: 8336100770097208  
 Security Code: 8305

## Business Account Information

Spin  
 143027344

## Monthly Charges

Date	Description	Quantity	Amount
Nov 21 - Dec 20	MBPS Optical Ethr Intra	500	1,275.00
Monthly Charges Subtotal			\$1,275.00

## Taxes And Fees

Description	Amount
State PUC Fee	4.21
Taxes and Fees Subtotal	\$4.21

Total For Account 8336100770097208 \$1,279.21

COVENANT HEALTH  
 421 S MAIN ST  
 COVENANT HEALTH  
 CROSSVILLE, TN 38555-5048  
 Account Number: 8336100770114938  
 Security Code: 5751

## Monthly Charges

Date	Description	Quantity	Amount
	Standard Class Of Servic		
	Standard Class Of Servic		
	Standard Class Of Servic		
Nov 18 - Dec 17	MBPS Optical Ethr Intra	100	515.00
Nov 18 - Dec 17	MBPS Optical Ethr Intra	100	515.00
Nov 18 - Dec 17	GBPS Optical Ethr Intra	1	1,975.00
Monthly Charges Subtotal			\$3,005.00

## Taxes And Fees

Description	Amount
State PUC Fee	9.92
Taxes and Fees Subtotal	\$9.92

Total For Account 8336100770114938 \$3,014.92

COVENANT HEALTH CMC WOUND CARE  
 124 HAYES ST  
 CROSSVILLE, TN 38555-8005  
 Account Number: 8336100770219885  
 Security Code: 7601

## Monthly Charges

Date	Description	Quantity	Amount
	Standard Class Of Servic		

Continued on the next page...

## Simplify your life with Auto Pay!

Spend less time paying your bill  
 and more time running your business.

It's Easy - No more checks, stamps or trips to the post office  
 It's Secure - Powerful technology keeps your information safe  
 It's Flexible - Use your checking, savings, debit or credit card  
 It's FREE - And helps save time, postage and the environment

Set up easy, automatic bill payments with **Auto Pay!**  
 Visit: [spectrumbusiness.net](http://spectrumbusiness.net)  
 (My Account login required)

**Spectrum**  
BUSINESS

## Payment Options

**Pay Online** - Create or Login to MyAccount to pay or view  
 your bill online at [spectrumbusiness.net](http://spectrumbusiness.net).

**Pay by Mail** - Detach payment coupon and enclose  
 with your check made payable to Charter. Please do not  
 include correspondences of any type with payments.

For questions or concerns,  
 please call **1.800.314.7195**.







**\*201204062063255\***

201204062063255

### DATA TRANSPORT SERVICE AGREEMENT

This Service Agreement ("Agreement") is executed and effective upon the latest date of the signatures set forth in the signature block below ("Effective Date") by and between Charter Fiberlink-Tennessee, LLC ("Charter Business" or "Charter") with local offices at 1774 Henry G. Lane St., Maryville TN 37801 and Covenant Health ("Customer") with offices located at 1410 CenterPoint Blvd Knoxville TN 37932

Both parties desire to enter into this Agreement in order to set forth the general terms under which Charter is to provide Customer with Charter's services ("Service" or "Services") to Customer site(s), the scope and description to be specified per site below and/or in a Service order(s) executed by both parties (each instance of site identification and order a "Service Order" or collectively the "Service Orders"), which shall be incorporated in this Agreement upon execution. This Agreement and each Service Order will be effective only after both parties have signed each document.

### SERVICE ORDER

#### Under the Data Transport Service Agreement

#### CUSTOMER INFORMATION:

Account Name: Covenant Health

Invoicing Address: 1410 Center Point Blvd Knoxville TN 37932

Invoicing Special Instructions: \_\_\_\_\_

#### 1. SITE-SPECIFIC INFORMATION:

Order Type: New Service

Service Location (Address): 421 South Main St, Crossville, TN 38572

Service Location Name (for purposes of identification): *Covenant Health - South Main St* \_\_\_\_\_

Service Location Special Instructions: \_\_\_\_\_

☒ Non-Hospitality or Non-Video

**Customer Contact Information.** To facilitate communication the following information is provided as a convenience and may be updated at any time without affecting the enforceability of the terms and conditions herein:

	Billing Contact	Site Contact	Technical Contact
Name			
Phone			
Fax			
Cell			
Email Address			

MONTHLY SERVICE FEES:	
<b>Data Services:</b>	
Charter Business Bundle: No Bundle *	
<u>Base Service</u>	\$1,975.00
MEF Service Types (if applicable): _____	
Speed: 1 Gbps (Down/Up)	
CPE:	

\* If Customer has selected the Charter Business Special Offers, the Section 3(i) of the Standard Terms of Service (for Charter Business Bundle) shall apply.

ONE-TIME CHARGES:
ONE-TIME CHARGES \$0.00

**2. TOTAL FEES.**

Total Monthly Service Fees of \$1,975.00 are due upon receipt of the monthly invoice.

- SERVICE PERIOD.** The initial Service Period of this Service Order shall begin on the date installation is completed and shall continue for a period of 60 months. Upon expiration of the initial term, this Service Order shall automatically renew for successive one-month terms and Charter may then apply Charter's then-current Monthly Service Fees unless either party terminates this Service Order by giving thirty (30) days prior written notice to the other party before the expiration of the current term.
- NO UNTRUE STATEMENTS.** Customer further represents and warrants to Charter that neither this Service Order, nor any other information, including without limitation, any schedules or drawings furnished to Charter contains any untrue or incorrect statement of material fact or omits or fails to state a material fact.
- CONFIDENTIALITY.** Customer hereby agrees to keep confidential and not to disclose directly or indirectly to any third party, the terms of this Service Order or any other related Service Orders, except as may be required by law. If any unauthorized disclosure is made by Customer and/or its agent or representative, Charter shall be entitled to, among other damages arising from such unauthorized disclosure, injunctive relief and a penalty payment in the amount of the total One-Time Charges associated with this Service Order, and Charter shall have the option of terminating this Service Order, other related Service Orders and/or the Service Agreement.
- FACSIMILE.** A copy sent via fax machine or scanned and e-mailed of a duly executed Agreement and Service Order signed by both authorized parties shall be considered evidence of a valid order, and Charter may rely on such copy of the Agreement and Service Order as if it were the original.

NOW THEREFORE, Charter and Customer agree to the terms and conditions included within this Service Agreement, including the Commercial Terms of Service which follow, and hereby execute this Service Agreement by their duly authorized representatives.

Charter Fiberlink-Tennessee, LLC

Covenant Health

By:

By: Charter Communications, Inc., its Manager

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Charter Business Account Executive:

Name: Robert Ford

Telephone: (865) 306-1636

CBCR v2

:00600000009ioMI

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Wednesday, March 29, 2017 11:59 AM  
**To:** 'RHC-Assist'  
**Subject:** RE: Request for Information for HCP#(s) 17717 for FY 2016  
**Attachments:** AT&T Ethernet @ \$195.00.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I have attached the AT&T tariff which is for up to a 1 Gig for \$195. That will cover this 1 Gig circuit

Please confirm receipt and let me know if we are missing anything.

Thanks

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
gboggs@uasave.com

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**From:** RHC-Assist [mailto:rhc-assist@usac.org]  
**Sent:** Monday, March 27, 2017 2:54 PM  
**To:** jlowe@cmchealthcare.org  
**Cc:** gboggs@uasave.com  
**Subject:** Request for Information for HCP#(s) 17717 for FY 2016

Joe Lowe,

Please see attached document for additional information regarding HCP number(s) 17717 for FY 2016.

Please submit your responses to these inquiries by no later than fourteen (14) calendar days from the date of this letter. Failure to provide the requested information within this time frame will result in denial of the funding requests.

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The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Thursday, June 01, 2017 11:12 AM  
**To:** 'RHC-Assist'; 'Nikoletta Theodoropoulos'; 'Blythe Albert'  
**Subject:** RE: HCP 17717 2016 Application  
**Attachments:** AT&T Ethernet contract \$214.00 Multi state.pdf

I failed to attach the new urban rate on the prior email

I understand the \$195 urban rate is still under review. Since these FRN's have not been approved and I am submitting a new urban rate, similar to the \$195, to be used if the \$195 is not accepted. I have attached the urban here. This is to be used for the following HCP's and FRN's.

HCP 17717 FRN 1690307

Please call me if you have any questions.

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Monday, June 12, 2017 4:54 PM  
**To:** 'RHC-Assist'; 'Blythe Albert'; 'Nikoletta Theodoropoulos'  
**Subject:** RE: 2017 Telecommunication Program Applications Urban Rate  
**Attachments:** AT&T Ethernet contract \$214.00 COS Multi state.pdf

Were you able to review this contract to be used as an urban rate for Ethernet circuits? I would appreciate some feedback.

Thanks,

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)

**From:** Geoff Boggs [<mailto:gboggs@uasave.com>]  
**Sent:** Monday, June 12, 2017 7:57 AM  
**To:** 'RHC-Assist' <[rhc-assist@usac.org](mailto:rhc-assist@usac.org)>; 'Blythe Albert' <[Blythe.Albert@usac.org](mailto:Blythe.Albert@usac.org)>; 'Nikoletta Theodoropoulos' <[Nikoletta.Theodoropoulos@usac.org](mailto:Nikoletta.Theodoropoulos@usac.org)>  
**Subject:** 2017 Telecommunication Program Applications Urban Rate

Can you give me some feedback?

We are using this urban rate for some Ethernet circuits for the states covered on this contract. The speeds are from 2 Meg to 1 GIG.

If the services are non-Internet Ethernet circuits will this work as an urban rate?

If you have any questions on urban rates will you notify us and give an opportunity to fix it for 2017 applications?

Please respond as soon as possible so that we can complete the applications in question before the deadline.

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)